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AFP Edition

Policy and Health Issues in the News

AAFP, Others Fight for GME Residency Slots and Urge CMS to Refine Proposed Rule

In an effort to ensure increased primary care residency positions, the AAFP, the Council of Academic Family Medicine, and four other primary care organizations wrote a letter to the Centers for Medicare and Medicaid Services (CMS) expressing their concerns about the proposed regulation covering the inpatient prospective payment system for 2013. In the letter, which focused on sections of the rule that concern graduate medical education (GME), the organizations take issue with CMS' proposed methodology for the allocation of cap adjustments to new teaching hospitals when those hospitals move residents to other hospital facilities during the first five years of residency training. If CMS chooses to stand by this policy, the organizations ask that it include wording that would allow teaching hospitals to rotate residents for a period up to three months per resident per year; allow new teaching hospitals to rotate residents in high-need specialties (e.g., primary care, general surgery); and allow hospitals located in rural areas to rotate residents to nonteaching hospitals, all without triggering caps or per-resident amounts. The organizations also recommend setting a time limit on the cap established by the initiation of residency positions. For more information, visit http://www.aafp.org/news-now/education-professional-development/20120629residencyslotsltr.html.

Collaboration Provides Physicians Assistance with EHR System Selection

The AAFP announced that it has become a member of a partnership known as AmericanEHR Partners, which was cofounded by the American College of Physicians and Cientis Technologies to provide information to assist physicians in selecting an electronic health record (EHR) system. The EHR systems listed on the free AmericanEHR Partners Web site (http://www.americanehr.com) are rated on a variety of measures, including overall user satisfaction, usability, electronic prescribing capabilities, workflow management, and population management. Specifically, the Web site offers physicians side-by-side comparisons of system features; user evaluations; and EHR rating results by practice size. For more information, visit http://www.aafp.org/news-now/practice-professional-issues/20120626amerehrpartners.html and http://www.aafp.org/online/en/home/media/releases/2012/aafp-joins-americanehr-partners.html.

USPSTF Recommendation Spurs Decrease in Mammography Rates, Says the Mayo Clinic

According to researchers at the Mayo Clinic in Rochester, Minn., rates of preventive mammography in women 40 to 49 years of age have decreased 5.72 percent since the U.S. Preventive Services Task Force (USPSTF) recommended against routine mammography in this age group. The researchers, who compared mammography rates before and after publication of the new guidelines, found that almost 54,000 fewer mammograms were performed in this age group in the past year. The AAFP says that the decision to conduct screening mammography in persons younger than 50 years should be individualized and should take into account patient context. For more information, visit http://www.aafp.org/news-now/news-in-brief/20120704wklynewsbrfs.html#NewsArticleParsys8980 and http://www.mayoclinic.org/news2012-rst/6958.html.

Health Coaching Lowers Patients' Systolic Blood Pressure, Saves Physicians Time

According to a report from researchers in the University of California–San Francisco Department of Family and Community Medicine, low-income patients with hypertension who had access to the services of a trained health coach, including frequent telephone contact, had an average decrease in systolic blood pressure of 22 mm Hg. The study evaluated 237 patients with systolic blood pressure of at least 145 mm Hg and diastolic blood pressure of at least 90 mm Hg. The patients were divided into two groups. Both groups had access to home blood pressure monitoring kits and health coaching by non–medical professional coaches; one group also had the option of physician-approved home titration of antihypertensive medications. The health coaches received 16 to 20 hours of training and made weekly telephone calls to patients to discuss general well-being, adherence to the patient's action plan, and blood pressure values. Patients in the home-titration arm who reported blood pressure readings of greater than 140 mm Hg systolic or 90 mm Hg diastolic could have their medications changed without scheduling a physician visit. The researchers found that patients in both arms of the study had nearly identical systolic blood pressure reductions. Of the 166 medication changes in the home-titration group, only 31 were made at home. The other 135 adjustments were made by clinicians, leading the study authors to conclude that the feasibility of home titration is uncertain. However, the

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authors did highlight three points for physicians to consider when looking to improve patients' blood pressure treatment: (1) the more encounters between patients and health coaches, the greater the reduction in blood pressure readings; (2) blood pressure can be improved without adding to existing demands on physician time; and (3) unlicensed, nonprofessional caregivers can successfully serve as health coaches. For more information, visit http://www.aafp.org/news-now/practice-professional-issues/20120704annalshealthcoaches.html.

Methadone Linked to 30 Percent of Prescription Painkiller Overdose Deaths

According to a recent report from the Centers for Disease Control and Prevention (CDC), methadone accounted for 2 percent of painkiller prescriptions in the United States in 2009, but was involved in more than 30 percent of prescription painkiller overdose deaths. Although methadone has been used safely and effectively for decades to treat drug addiction, in recent years, it has been increasingly used as a pain reliever. As prescriptions for methadone have increased, so have methadone-related nonmedical use and fatal overdoses. The CDC found that six times as many persons died from methadone overdoses in 2009 than in 1999. A key step that health care professionals can take to prevent prescription painkiller overdoses is to follow prescribing guidelines, which include screening and monitoring for substance abuse and other mental health problems; prescribing only the quantity needed based on the expected length of pain; using patient-physician agreements and urine drug tests in persons taking methadone long-term; using prescription drug monitoring programs to identify patients who are missing or abusing methadone or other prescription painkillers; and educating patients on how to safely use, store, and dispose of prescription painkillers, as well as how to prevent and recognize overdoses. For more information, visit http://www.cdc.gov/media/releases/2012/p0703_methadone.html.

CDC Announces Initiative to Expand HIV Testing into Pharmacies, Retail Store Clinics

In June, the CDC announced a pilot project to train pharmacists and retail store clinic staff to deliver human immunodeficiency virus (HIV) testing, with the goal of extending HIV testing and counseling into everyday services offered in these settings. The project is part of the CDC's efforts to support its 2006 testing recommendations, which call for all adults and adolescents to be tested for HIV at least once in their lifetime. Throughout the two-year program, the CDC will provide training in 12 urban areas and 12 rural areas with high HIV prevalence or significant unmet HIV testing needs, and will use the results to develop a model for implementation of HIV testing in these settings across the United States. An estimated 1.1 million persons in the United States have HIV, and nearly one in five is unaware that he or she is infected. Additionally, one-third of persons with HIV are diagnosed so late in the course of their infection that they develop AIDS in one year and miss opportunities to receive medical care and treatment. The CDC says that community pharmacies and retail clinics could play a critical role in ensuring more Americans have access to HIV testing, because compared with health care settings and conventional HIV testing sites, these locations may provide an environment that is more accessible. The CDC hopes to develop a comprehensive toolkit that pharmacists and retail clinic staff can use to implement testing. For more information, visit http://www.cdc.gov/nchhstp/newsroom/NHTDPressRelease2012.html.

ACIP Expands PCV13 Immunization Recommendations for Some Adults

Currently, the 13-valent pneumococcal conjugate vaccine (PCV13), marketed as Prevnar 13, is recommended for children six weeks to five years of age. However, during its June meeting, the CDC's Advisory Committee on Immunization Practices (ACIP) voted in favor of a category A recommendation to administer PCV13 to adults 19 years and older who have certain immunocompromising conditions, such as HIV; this recommendation is considered provisional until it has been approved by the CDC director and the U.S. Department of Health and Human Services, and has been published in *Morbidity and Mortality Weekly Report.* The ACIP's action follows the December 2011 decision by the U.S. Food and Drug Administration's Vaccines and Related Biological Products Advisory Committee to expand the indication for PCV13 to include adults 50 years and older, an indication that was approved in January 2012. The ACIP also considered other issues during the June session, including annual influenza immunization recommendations. No change was made to the existing influenza recommendations, but the committee did vote to simplify the decision tree for determining whether children younger than nine years should receive one or two doses of influenza vaccine this fall. For more information, visit http://www.aafp.org/news-now/health-of-the-public/20120626juneacipmtg.html.

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